

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/555013

FILING DATE

APPLICANT(S)

CLAIMS

| AS FILED | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | |
|--------------|---------------------|------|---------------------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
| 2 | | 1 | | 1 | | |
| 3 | 1 | | 1 | | | |
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| TOTAL IND. | 1 | 1 | 1 | 1 | | |
| TOTAL DEP. | 9 | 6 | 6 | 7 | | |
| TOTAL CLAIMS | 10 | 7 | 7 | 7 | | |

100
TOTAL IND.
TOTAL DEP.
TOTAL CLAIMS

PTO-1350 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE
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